

POSITION	ID NO.	DATE
CLASSIFIER	12	10-7-96
EXAMINER	319	10-7-96
TYPIST	343	10/8/96
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
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SYMBOLS

✓ Rejected

..... Allowed

..... (Through numerical) Canceled

..... Restricted

N Non-elected

I Interference

A Appeal

O Objected

Claim	Date
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Original	
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